CITY OF EVERETT PARKS AND RECREATION

Camp Patterson 2016 Cory O' Neil Scholarship Application

Funding for scholarships is provided through the Community Foundation of Snohomish County

It is part of the mission of the Everett Parks and Recreation Department to offer Snohomish County residents, regardless of abilities, the opportunity to participate in diverse, challenging, and high-quality recreation programs that are accessible and affordable. We provide scholarships to those who might not be able to participate because of income. All information provided is confidential.

This is not a Camp Patterson Application. Please also submit a Camper registration form; available online at http://SignMeUp.everettwa.gov or by calling the Recreation Office at 425-257-8300 Ext 2.

General Policies & Guidelines

- To be eligible for a scholarship you must meet the Family Income Guidelines stated below. You will be required to submit proof of income. This will only be used for determining eligibility.
- Applicant must live in Snohomish County.
- Scholarships can only be used for Camp Patterson.
- Based on available funds, applicants will be funded on a first-come, first served basis.

CAMP PATTERSON

Qualified applicants will receive a 70% reduction of the program fee for at least one week. The applicant will be required to pay the difference of the activity registration at the time of registering. The Cory O'Neil Scholarship fund for Camp Patterson may be able to scholarship two weeks of camp dependent upon number of requests. If you are interested in attending two weeks of camp, please complete the additional week request on the last page. Please keep in mind that there is a limited amount of money available in the Cory O'Neil Scholarship fund, which is supplied by donations, and if you can afford to pay more than 30% of the total fee, it might give another child a chance to attend Camp Patterson.

How to Apply

o when
Complete the Camper Application/Registration form.
Complete this scholarship application.
Enclose proof of income as required from one of the following sources: copy of your child's free or reduced lunch letter; previous year's income tax return; letter from DSHS explaining current assistance status
Enclose your 30% portion of the total fee.
Return the application to:
Everett Parks and Recreation Department Recreation Office @ Forest Park 802 E Mukilteo Blvd. Everett WA 98203

Call (425) 257-8300, Extension 2 for assistance with the application.

*Family Income Guidelines				
Family Size	Gross Family Yearly Income			
1	\$21,775			
2	\$29,471			
3	\$37,167			
4	\$44,863			
5	\$52,559			
6	\$60,255			
7	\$67,951			
8	\$75,647			

*Updated 9/1/15
Based upon 2015/2016 DSHS Needs Standards for Cash Assistance and school district guidelines for free/reduced lunches.FORM SPI NLSP Exhibit 3

Please provide all requested information.						
Name						
		(Name of	head of hou	usehold requesting funds)		
Address						
City	ZIP					
Employer						
Home Phor	ne		Work P	Phone		
Total house income	Total household monthly gross income		\$			
Total family	members _					
Name and	class informa	tion of those re	equestin	g scholarships:		
1. Name:						
CAMP PAT	TERSON	Session #		Dates:		
2. Name:						
CAMP PAT	TERSON	Session #		Dates:		
3. Name:						
CAMP PAT	TERSON	Session #		Dates:		
I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial aid; and that Everett Parks and Recreation staff may verify the information on the application.						
Signature				Date		
APPLICATIONS CANNOT BE PROCESSED WITHOUT PROOF OF INCOME.						

ADDITIONAL WEEK REQUEST: If you are interested in applying for additional funding thru the Cory O'Neil Scholarship for Camp Patterson, please add a note below about which week you would like your child to attend in addition to the one week listed above. Please understand that these additional monies are dependent upon how many people make scholarship requests. A decision will be made on July 10th.

For Departmental Use								
Approved/Denied		Staff	Date					
Supervisor signature								
Terms of Approval:								